

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

8458
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Center Primary Registration District No. 3039
(c) City Nevada (d) Street No. 803 E Ashland St. Ne.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida I Kiger

(a) Residence, No. 803 E Ashland St. Ne. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida I Kiger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Rockville
(STATE OR COUNTRY) Ind.

FATHER 13. NAME Leroy Kiger
14. BIRTHPLACE (CITY OR TOWN) Rockville
(STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Susan Cramer
16. BIRTHPLACE (CITY OR TOWN) Rockville
(STATE OR COUNTRY) Indiana

17. INFORMANT Oruel Kiger
(ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Balltown Cem. DATE Feb 24, 1940

19. FUNERAL DIRECTOR (NAME) Leroy Funeral Home
(ADDRESS) Nevada, Mo.

20. FILED 2-29 1940 Allen V. Hays
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1940
22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1939 to Feb 22 1940
I last saw him alive on Feb 22 1940 Death is said to have occurred on the date stated above, at 5:30 m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Nephritis
Other contributory causes of importance:
Date of onset Don't know

Name of operation none Date of 5
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. H. Love M. D.
(Address) Nevada, Mo.

RECEIVED
District Health Officer No. 7,
District File Number 3-40-376
Date Filed 3-4-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ *Personally*,
....., Registered Apprentice No.

working under my personal supervision.

Signed *Lloyd R. Winicutt*
Licensed Embalmer No. *3857*
P. O. Address *Waco, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.